Application or Docket Number															
	PATENT A	PPLICATIO				N RECO	RD		09-964607 MB/221-24						
Effective October 1, 2000								MBWW X4							
CLAIMS AS FILED - PART I (Column 1) (Col				(Colum	nn 2)		SMALL TYPE	EN	ШΥ	OR	OTHER SMALL				
TOT	TAL CLAIMS	•	₹2					RATI	E	FEE		RATE	FEE		
FOR	1	NUMBER FILED		NUMBER EXTRA			BASIC	FEE	355.00	OR	BASIC FEE	710.00			
TOTAL CHARGEABLE CLAIMS			2minus 20=		. 32			X\$ 9	=	288	OR	X\$18=			
INDEPENDENT CLAIMS 2 minus 3 = 0				۲ .		X40:	-	ں دیسی	OR	X80=	•				
MUL	TIPLE DEPEND	DENT CLAIM PF	RESENT					+135			OR				
• If t	he difference i	n column 1 is I	less than zei	ro, ente	r "0" in c	olumn 2		TOTA		6U2	OR				
	CL	AIMS AS A	MENDED	- PAR	TII			1017	ا - عب	(j) 1.3	JON	OTHER	THAN		
<u> 3</u> -	745	(Column 1)		(Colu	mn 2)_	(Column 3)	_	SMA	LLI	ENTITY	OR	SMALL E			
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RAT	Ε	ADDI- TIONAL FEE		RATE	ADDI: TIONAL FEE		
	Total	·Sa	Minus	 5	3]	X\$79		_ :::	OR	XSTRE			
ME	Independent	2	Minus	***	?	e -		×Ao	10		OR	X89-70)		
	FIRST PRESENTATION OF MULTIPLE DEPEND				IT CLAIM		JQ.	Ø		1	264				
	•	• •	*			ش		+/135 TO	TAL		OR	TOTAL			
•		(Oakenn 4)	:	(Calı	ımn 2)	(Column 3	Λ.	ADDIT.	FEE		OR	ADDIT. FEE			
		(Column 1)			HEST	Column	1			ADDI	1		ADDI:		
ENT B		REMAINING AFTER AMENDMENT		PREV	MBER TOUSLY D FOR	PRESENT EXTRA		RAT	E	ADDI- TIÖNAL FEE		RATE	TIONAL FEE		
ENDMENT	Total	•	Minus	••		=		X\$ 9	Ī		OR	X\$18=	part.		
AME	Independent	•	Minus	***		= -	4	X40	=		OR	X80=	£4.		
Ľ	FIRST PRESE	NTATION OF M	ULTIPLE DEF	ENUEN	ULAIM		J	+135	<u> </u>		OR	+270=			
. •	;							TÖ	TAL		OR	TOTAL	<u> </u>		
		10 .1		(O=4		(Cal		ADDIT.	FEE	L	104	ADDIT. FEE	<u> </u>		
		(Column 1)			ımn 2) HEST	(Column 3	4				1		19 .		
AMENDMENT C		REMAINING AFTER AMENDMENT		NU! PREV	MBER TOUSLY D FOR	PRESENT EXTRA		RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	•	Minus	••		=	1	X\$ 9)= -		OR	X\$18=	<u> </u>		
MEN	Independent	•	Minus	***		-]	X40	_		1	X80=	<u> </u>		
₹,	FIRST PRESE	NTATION OF M	IULTIPLE DE	PENDE	VT CLAIM]	<u> </u>	_		OR	700=			
					(a - 505) -	C		+135			OR	+270=			
·	If the "Highest Nu	mn 1 is less than t mber Previously P	Paid For IN TH	IS SPACE	is less the	an 20, enter "2	0."	ADDIT.	TAL FEE		OR	TOTAL ADDIT. FEE			
l "	"If the "Highest Nu The "Highest Nun	mber Previously F nber Previously Pa	raid For IN TH aid For (Total o	is spaci or indeper	e is less th ndent) is th	en 3, enter 3. e highest num	ber fo	ound in th	ю ар	propriate bo	x in a	olumn 1.			

	\mathcal{L}	# XX							
	V Cl	U.S. Derteed and T	Approved for use through 7/31 Traderystrik Office; U.S. DEPARTI	PTO/SB/22 (12-04 1/2006. OMB 0651-003					
Under.®	ne Peperwork Reduction Aut of 1995, no persons are requi	oran Legiption of the consideration of the consideration	of information untess it displays a	MENT OF COMMERCI REEL OMB CONTROL NUMBER					
PETITION FOI	R EXTENSION OF TIME UNDER 3	7 CFR 1.136(a)	Docket Number (Option	al)					
	FY 2005	11822-2							
	ient to the Consolidated Appropriations Act, 20 iber 09/984,607	Filed September 28, 2001							
		7-1							
Unknown Calibra	of Calculating Shading Correction Coef ation Standards	ncients of imaging s	systems from Non-Unito	m and					
Art Unit 2621	* · · · · · · · · · · · · · · · · · · ·		Examiner Levin, Ch	ristopher L.					
This is a request under the provisions of 37 CFR 1.138(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):									
	,	Eco	Small Entity Fee	,					
×	One month (37 CFR 1.17(a)(1))	\$120	\$60	\$ <u>60.00</u>					
	Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$					
	Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$					
	Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$					
	Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	S					
 Applicant claims small entity status. See 37 CFR 1.27. ☐ A check in the amount of the fee is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached. ☐ The Director has already been authorized to charge fees in this application to a Deposit Account. ☑ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 022095. I have enclosed a duplicate copy of this sheet. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. 									
I am the	applicant/inventor.								
	assignee of record of the entire in								
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/68/96).									
attorney or agent of record. Registration Number <u>47.276</u> ■									
attorney or agent under 37 CFR 1.34.									
Registration number if ecting upder 37 CFR 1.34									
Khanish Kandle March 7, 2005									
	Date								
Bhu	pinder Randhawa, Reg. No. 47,276	(416) 957-1630							
Typed or printed name Telephone Number NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if									
MOTE: Signatures of	lail the inventors or assigness of record of the enti- nure is required, see below.	esenden healt to storatum en	mauve(s) are required. Subm	at unfighte tours if					
Total of 1 forms are submitted.									

This collection is required by 37 CFR 1,136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 8 minutes to complete, including gathering, preparing, and submitted application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you individual form \$6800000 02 022095

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1007 Commissioner to Patents, P.O. Bex 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO, INIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Bex 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, cell 1-800-PTO-9189 and select option 2.